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MAR 29 2006

# Fax

Page 1 of 13  
Date: March 29, 2006

To: Lynne A. Gurley                      Fax: 571-273-8300                      Phone: 571-272-1670  
United States Patent and Trademark Office

From: Michael D. Plimier                      Fax: 408-765-7723                      Phone: 408-765-7857

Subject:            Application Serial No. 10/829,592

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WILL NOT BE SENT

Application No.:            10/829,592  
Filing Date:                April 21, 2004  
First Named Inventor: Michael D. Goodner et al.  
Group Art Unit:            2812  
Examiner Name:            Gurley Lynne Anne  
Attorney Docket No.: P18237

**Enclosures:**

1. Transmittal Form (1 page).
2. Fee Transmittal for FY 2006 (1 page in duplicate).
3. Amendment and Response (9 pages).

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MAR 29 2006

PTO/SB/21 (09-04)

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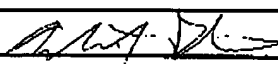
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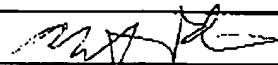
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	1/829,592	
	Filing Date	April 21, 2004	
	First Named Inventor	Michael D. Goodner et al.	
	Art Unit	2812	
	Examiner Name	Gurley, Lynne Anne	
Total Number of Pages in This Submission	12	Attorney Docket Number	P18237

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Intel Corporation		
Signature			
Printed name	Michael D. Plimier		
Date	March 29, 2006	Reg. No.	43,004

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Signature			
Typed or printed name	Michael D. Plimier	Date	March 29, 2006

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MAR 29 2006

PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

**Complete If Known**

Application Number	10/829,592
Filing Date	April 21, 2004
First Named Inventor	Michael D. Goodner et al.
Examiner Name	Gurley, Lynne Anne
Art Unit	2812
Attorney Docket No.	P18237

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
15	- 20 or HP =	0	x 50 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP =	0	x 200 = 0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
360		0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 =	0	/ 50 = 0 (round up to a whole number) x 0 = 0	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge):

0

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 43,004	Telephone 408-765-7857
Name (Print/Type)	Michael D. Plimier	Date	March 29, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAR 29 2006

PTO/SF/17 (01-06)

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**FEE TRANSMITTAL  
For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

**Complete if Known**

Application Number	10/829,592
Filing Date	April 21, 2004
First Named Inventor	Michael D. Goodner et al.
Examiner Name	Gurley, Lynne Anne
Art Unit	2812
Attorney Docket No.	P18237

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

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Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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15	- 20 or HP =	0	x	50	=	0
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HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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3	- 3 or HP =	0	x	200	=	0
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HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**

Fee (\$)	Fee Paid (\$)
360	0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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0	- 100 =	0	/ 50 =	0	(round up to a whole number) x	0	=	0
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

0

0

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	43,004	Telephone	408-765-7857
Name (Print/Type)	Michael D. Plimier	Date	March 29, 2006		

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Attorney's Docket No.: P18237

Patent**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Michael D. Goodner et al.

U.S. Serial No: 10/829,592

Filed: April 21, 2004

For: **PHOTOSENSITIVE  
DIELECTRIC LAYER**

Examiner: Gurley, Lynne Anne

Art Unit: 2812

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**AMENDMENT AND RESPONSE**

Dear Examiner Gurley:

This is in response to the Office Action mailed December 30, 2005. Applicants respectfully request the Examiner to enter the following amendments and consider the following remarks.

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper. **Remarks** begin on page 6 of this paper.

-1-

Serial No.: 10/829,592

Attorney Docket P18237

CERTIFICATE OF TRANSMISSION  
(37 C.F.R. § 1.8(a))

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Michael D. Plimier  
Name of Person Sending Facsimile

  
Signature